

LAB USE ONLY

Metal Rx

Dr. _____ Acct # _____

Address _____

City, State, Zip _____

Patient _____

Tel # _____ Fax # _____

E-Mail _____

Shipped _____ Placement Date _____
(PLACEMENT DATE SHOULD BE 1-2 DAYS BEFORE ACTUAL INSERTION DATE)

Please Ship Extra

- Shipping Boxes Prescription Sheets

Submitted scans digitally through:

- Medit iTero 3Shape Midmark Other _____

(Submit digital Rx to: digital.services@aolab.com)

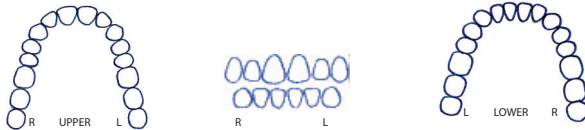
Special Instructions:

Band Information:

- Bands are enclosed

- AOA to provide bands
 Bands sent to AOA separately

Metal Instructional Drawings



1. Metal Accessories

- | | |
|---|--|
| <input type="checkbox"/> Arch Wire Tubes _____ Size (MAC205 ea) | <input type="checkbox"/> Seating or DeBonding Lugs (MAC108 ea) |
| <input type="checkbox"/> Face Mask Hooks (MAC307 ea) | <input type="checkbox"/> Rests (MAC302 ea) |
| <input type="checkbox"/> Whip Springs (MAC313 ea) | <input type="checkbox"/> Buccal De-bonding (loops) (MAC306 ea) |
| <input type="checkbox"/> Bicuspid Brackets (MAC205 ea) | <input type="checkbox"/> Headgear tubes (MAC205 ea) |
| <input type="checkbox"/> Extensions to the _____ (MAC303 ea) | |

Allesee Orthodontic Appliances - 13931 Spring Street - Sturtevant, WI 53177
Phone 1-800-262-5221 - Fax 262-886-6879 - International 262-886-1050

2. Lateral Expansion Device

- | | |
|--|--|
| <input type="checkbox"/> Upper | <input type="checkbox"/> Lower |
| <input type="checkbox"/> Removable (LED406, MAC205 ea) | <input type="checkbox"/> Removable (LED406, MAC205 ea) |
| <input type="checkbox"/> Quad Helix (LED404, 405) | <input type="checkbox"/> Quad Helix (LED404, 405) |
| <input type="checkbox"/> Bi-Helix (LED405, 402) | <input type="checkbox"/> Bi-Helix (LED402) |
| <input type="checkbox"/> Porter (LED400) | <input type="checkbox"/> Frozat (LED401) |
| <input type="checkbox"/> W-Arch (LED403) | |

3. Rapid Palatal Expander

- | | |
|--|---|
| <input type="checkbox"/> Upper | <input type="checkbox"/> Lower |
| <input type="checkbox"/> Arnold/E-Arch (FE400) | <input type="checkbox"/> Standard (FE404) |
| 2 Arm | 4 Arm |
| <input type="checkbox"/> Mini (FE403) | <input type="checkbox"/> Standard (FE402) |
| <input type="checkbox"/> RES (FE406) | <input type="checkbox"/> Ratchet (FE407) |
| | <input type="checkbox"/> Haas (FE408) |
| | <input type="checkbox"/> Fan Expander (FE412) |
| | <input type="checkbox"/> Acrylic Bonded (MAC414) |
| | <input type="checkbox"/> Ratchet with whips (MAC313 ea) |
| | <input type="checkbox"/> Ratchet without whips |
| | <input type="checkbox"/> Arnold (FE400) |

4. Distalizing & Expansion Appliances

- Hilgers Pendulum - no expansion screw (HIL400)
- Hilgers Pendex - expansion screw (HIL401)
- Hilgers T-Rex expansion screw & locking wires (HIL402)
- Hilgers Phd - all metal framework for expansion & distalization (HIL403)
- Tracey / Hilgers MDA - all metal designed with AOA Mini RPE (HIL404)
- Mayes Penguin - removable TMA springs for distalization (HIL405)
- _____

5. Habit Appliance

- Vertical Crib (send counter model) (HAB403)
- Palatal Crib (not vertical) (HAB404)
- Combination Crib (palatal and vertical) (HAB405)
- Bluegrass Tongue Trainer (HAB401)
- Hayrake - Palatal with spurs (HAB406)

6. Space Maintainers

- | | |
|---|---|
| <input type="checkbox"/> Upper | <input type="checkbox"/> Lower |
| <input type="checkbox"/> Removable (MAC205 ea) | <input type="checkbox"/> Removable (MAC205 ea) |
| <input type="checkbox"/> Adjustment Loops (MAC 300 ea) | <input type="checkbox"/> Adjustment Loops (MAC300 ea) |
| <input type="checkbox"/> Lingual Arch (SPM404) | <input type="checkbox"/> Lingual Arch (SPM404) |
| <input type="checkbox"/> TPA - Palatal bow (SPM414) | <input type="checkbox"/> Band and Loop (SPM406) |
| <input type="checkbox"/> Nance Button (SPM405) | <input type="checkbox"/> Maryland Bridge (TR402) Pontic Shade _____ |
| <input type="checkbox"/> Band and Loop (SPM406) | |
| <input type="checkbox"/> Maryland Bridge (TR402) Pontic Shade _____ | |

7. Fixed Retainers

- | | |
|---|--------------------------------|
| <input type="checkbox"/> Upper | <input type="checkbox"/> Lower |
| <input type="checkbox"/> E-Z Bond Retainer (SPM412) | |
| <input type="checkbox"/> Mesh Pad Bonded - pads on cuspids (SPM403) | |
| <input type="checkbox"/> Composite pads on all anteriors (SPM408, 409, 410) | |
| <input type="checkbox"/> M.C.L.R. (Krause) indicate mesh pads on diagram (SPM400 x 2) | |
| <input type="checkbox"/> Include Transfer Tray (SPM401) | |
| <input type="checkbox"/> Kiddy Partial (TR400) - Pontic Shade _____ | |

Acrylic Colors

- Clear Pink Tint
- Colors _____

Doctor Signature _____

